

3/20/09

Good afternoon members of the Appropriations Committee, also everyone else. My name is Barbara Albert, registered voter, renter in Htfd, Human Rights Advocate and Activist, and human being who happens to have multiple medical challenges. This is my testimony concerning SB. No. 246, An Act Concerning a commission on Federal Stimulus Distribution.

I need for you to know what will happen to low income elderly persons, disabled persons, single parents and their children and others who received assistance from the State of Ct Dept of Social Services, particularly, people who are dual-eligible, (are on Medicare and Medicaid), if the 1.3 Billion dollars, Federal money, meant to help Medicaid benefits, ends up "elsewhere". If I loose Medicare Part D wraparound coverage, that helps pay for brand name medically necessary medications, due to several allergic, and messed over side effects from generic meds, that I've been massively 'guinea-pigged' with. Last time, just recently, a generic med, burned my genital area. I've had side effects from rashes, grand mal seizures, to anaphylactic shock symptoms. I have to deal with the State Pharmacy's Prior Approval and its 'denial stamp', all the time. Not to mention that having to pay copayments for uncountable medication trials, and the Drs appts, transportation to and from, premiums for the "I have to Medicare Part D", and can't forget about the can't find a qualified therapist because most won't deal with Medicare/Medicaid people, other insurance now too.

I receive approximately ten thousand dollars due to several medical conditions, most of which are chronic.

Almost two thirds goes for rent, then theres  
phone and electric bills. Personal hygiene items,  
that I've needed to find items I'm not allergic  
to, or 'overly sensitive' to. Occasionally a package  
of new underwear, and/or socks. I also take  
vitamins, cant use food stamps to purchase those.  
→ Theres also my Americans w/Disabilities Act, Federal  
fur-bull companion/guardian angel, who eats and  
is taken care of better than me, my grocery  
store is the food pantries I volunteer in.  
I have stopped taking all of my medications,  
suffered withdrawal, refused to go to doctors,  
no vision or dental either, stopped in the process  
of physical therapy before also.

I currently have seven doctors. I take fem  
prescribed meds, from a slowed down thyroid to  
a pre-cancerous condition. Why ~~are~~ mental illnesses  
so difficult to understand as ~~just~~ another medical  
condition?

I've been surviving since before I "popped  
out the shoot", this is not quality life/living.

If the 1.3 Billion Federal dollars, meant for use  
for Medicaid benefits, this will further increase  
obstacles, barriers, increase stigma and gentri-  
fication. Please do not cut our benefits.  
Please Keep The Promise,

Thank you for listening, and your patience.

## Keep the Promise Sponsors

Advisory Council for Protection & Advocacy for Individuals with Mental Illness  
 Advocacy Unlimited  
 Advocates for Connecticut's Children and Youth  
 African-Caribbean American Parents of Children with Disabilities (AFCAMP)  
 Bridge House  
 Bridges Open Door  
 Center for Children's Advocacy, Inc.  
 City of Bridgeport Office for Persons with Disabilities  
 Collaborative Center for Justice  
 CT AIDS Resource Coalition  
 CT Association of Centers for Independent Living  
 CT Association for Community Action  
 CT Civil Liberties Union  
 CT Disability Advocacy Collaborative  
 CT League of Women Voters  
 CT Legal Rights Project, Inc.  
 CT Partnership for Strong Communities  
 CT Positive Action Coalition  
 CT Voices for Children  
 CT Women's Consortium  
 Corporation for Supportive Housing  
 Disabilities Network of Eastern Connecticut  
 Disabilities Resource Center of Fairfield County  
 Eastern CT Regional Mental Health Board  
 Families United for Children's Mental Health  
 FAVOR  
 Fellowship Place  
 Friendship  
 Genesis Center  
 Gilead Community Services  
 Greater Respect Aid and Support for Parents (GRASP)  
 Laurel House  
 Mental Health Association of Connecticut  
 National Alliance on Mental Illness of CT - (NAMI-CT)  
 North Central Regional Mental Health Board  
 Northwest Regional Mental Health Board  
 Padres Abriendo Puertas  
 Prime Time House  
 The Reaching Home Campaign  
 Region II (South Central) Regional Mental Health Board  
 Reliance House  
 Southwest Regional Mental Health Board  
 State Board of Mental Health and Addiction Services  
 The Salvation Army

## Keep the Promise Partners

Chrysalis Center Inc.  
 CT Association of Mental Health Clinics for Children  
 CT Association of Non-Profits  
 CT Community Providers Association  
 CT Federation of Educational and Professional Employees  
 CT Occupational Therapy Association  
 District 1199 New England Healthcare Employees Union, SEIU  
 Milford Child and Adolescent Service System Program  
 National Association of Social Workers/Connecticut  
 Villages for Families & Children



## IMPLEMENT BLUE RIBBON SOLUTIONS

For more information, or if  
 you have questions, please  
 contact the Coalition toll  
 free at 1-800-215-3021,  
 or by email at [keepthepromise@namict.org](mailto:keepthepromise@namict.org)  
 Visit our website at  
[www.ctkeepthepromise.org](http://www.ctkeepthepromise.org)

KEEP THE PROMISE  
COALITION

## PROTECT MENTAL HEALTH SERVICES



## COMMUNITY SOLUTIONS, NOT INSTITUTIONS

KEEP THE PROMISE COALITION  
 C/O NAMI-CT  
 241 MAIN STREET, 5TH FLOOR  
 HARTFORD, CT 06106  
 1-800-215-3021 EXT 30  
[www.ctkeepthepromise.org](http://www.ctkeepthepromise.org)

**BACKGROUND:** In July 2000, the Governor's Blue Ribbon Commission on Mental Health documented the crisis in mental health services. Children and adults were stuck in emergency rooms or shelters, sent out of state, trapped in institutions, or lost in the criminal justice system. Despite measures to expand and improve community services, the crisis continues and taxpayer dollars are wasted, while lives are irreparably harmed.

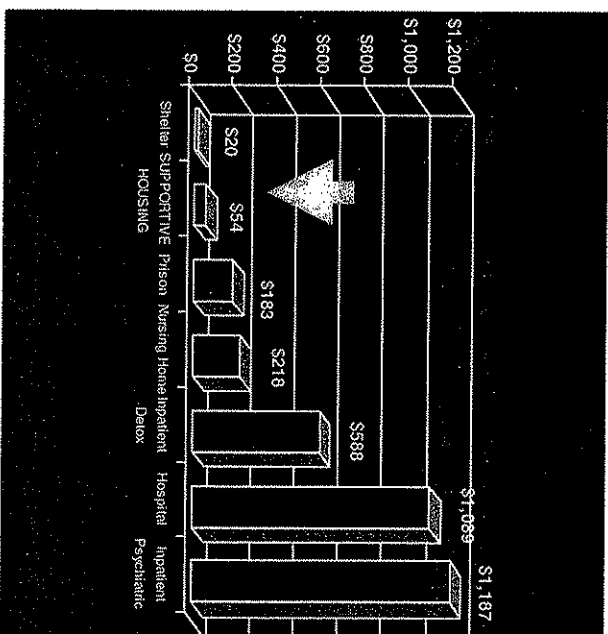
Like the impact of September 11th and the Iraq war, the state's current economic crisis, with rising foreclosures and layoffs, increases the demand for mental health services. Cutting these services would compound that crisis by forcing individuals to use emergency rooms and expensive hospital services. Now is the time to assure adequate access to community care and reduce our reliance on institutions by investing in proven solutions. The following solutions fund recovery — not crisis — through responsible state investments.

**ADDRESS THE CRISIS IN SERVICES FOR YOUTH AND YOUNG ADULTS WITH MENTAL ILLNESSES:** Young adults account for an estimated 35% of incoming clients in the adult mental health system (DMHAS). DMHAS must have comprehensive young adult services statewide with adequate staff and training. Specialized In-State Residential Programs are necessary to meet the complex needs of this age group. The Department of Children and Families (DCF) & DMHAS must be accountable for transition planning and collaborative programming, and clients must have the right to enforce their plans. State agencies must work to prevent youth with mental illness from inappropriately entering the juvenile justice system, to provide them with appropriate mental health

treatment, and to collaboratively plan for transitions between departments and programs.

**FUND NEW UNITS OF SUPPORTIVE HOUSING:** There is a critical need for state funding for new units of supportive housing over the next two years. Supportive housing gives people with mental illnesses the opportunity to move from more restrictive and expensive settings, such as residential treatment, into independent apartments, saving the state money by avoiding high cost institutionalization and emergency care (see chart).

Cost per day per person of CT supportive housing versus alternative settings often serving people with Disabilities (Corporation for Supportive Housing 2008)



In the last two funding rounds, more than 1,500 units that would help end homelessness could not be funded due to inadequate state resources. Without ongoing state investment, we will lose the developers ready to proceed with new

Projects. Keep the Promise supports the Reaching Home Campaign's call for 1060 new units of supportive housing in 2009.

**RAISE THE MEDICAID INCOME LIMIT FOR "AGED, BLIND, AND DISABLED" PERSONS:** As our state expands access to health care coverage, older adults and people with serious psychiatric and physical disabilities continue to be left far behind. The Medicaid income limit for people who are "aged, blind, or disabled" should be set at the same standard as all other adults on Medicaid. It has remained below 80% of the poverty level since 1990. As a result, thousands of vulnerable people with very limited resources must incur enough medical bills in a six month period to "spend down" to qualify for Medicaid. Spend down is a complex, restrictive, and administratively burdensome program. Medicare Part D has compounded the problem by making it even harder to qualify for Medicaid. Raising the Medicaid income limit, so that fewer people have a spend down, will help people who are caught in the "Part D trap", and simplify access to vital health care services.

**PROVIDE A COST OF LIVING ADJUSTMENT (COLA) FOR NONPROFIT PROVIDERS:** Private Nonprofit (PNP) mental health providers service state clients but are paid substantially less than state operated providers for the same service. The average COLA for nonprofits over the last 20 years is 1.1%. Without PNP services, people will be forced to use more expensive institutional care. PNP services are critical to providing a community-based system of care and housing options for people with serious mental illnesses. Nonprofits require a **5.5% COLA** in 2009 just to keep pace with the rate of inflation.